

VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

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Telephone (340) 777-4432 – Fax(340) 775-7913

Application for Home Ownership

APPLICANT

Last Name: _____ First Name: _____

Soc. Sec. No.: _____ Date Of Birth : _____

Mailing Address: _____ Zip Code: _____

Residential Address: _____

Telephone: (wk): _____ (hm): _____ (other): _____

Employment: _____ No. Of Years: _____

Occupation: _____ Annual Income: _____

Previous Employment (if less than 2 yrs): _____

Other Income (i.e. Soc. Sec.; Child Support; Pension): _____

Years in V.I.: _____ Veteran Status: Yes _____ No _____

U.S. Citizen: _____ Permanent Resident: _____ Other: _____

CO-APPLICANT

Last Name: _____ First Name: _____

Relationship to Applicant: _____

Soc. Sec. No.: _____ Date Of Birth : _____

Mailing Address: _____ Zip Code: _____

Residential Address: _____

Telephone: (wk): _____ (hm): _____ (other): _____

Employment: _____ No. Of Years: _____

Occupation: _____ Annual Income: _____

Previous Employment (if less than 2 yrs): _____

Other Income (i.e. Soc. Sec.; Child Support; Pension): _____

Years in V.I.: _____ Veteran Status: Yes _____ No _____

U.S. Citizen: _____ Permanent Resident: _____ Other: _____

Combined Family Annual Income: _____

Asset Information:

Savings: \$ _____

Checking: \$ _____

Other (i.e: CDS, Money Market Acct, Bonds, Etc.): \$ _____

Do You presently own a Home or Land: Yes _____ No: _____

If Yes, Address: _____

Do You live in Public Housing? Yes: _____ No: _____

Currently Monthly Rent: _____

Household Size: _____

Member Name	Sex	Date Of Birth	Soc Sec No	Relation to applicants(s)

Will any member of the household require any special accommodations or adaptations in order to be able to live in the home?

Yes _____ No _____

The following information is requested by the Federal Government in order to monitor Virgin Islands Housing Finance Authority's (VIHFA) compliance with Federal Laws prohibiting discrimination against applicants on the basis of race, national origin, sex and family status. You are not required to furnish this information , but you are encouraged to do so . The information will not be used in evaluating your application or to discriminate against you in any way. However, should you choose not to furnish it, VIHFA is required to note the race, national origin and sex of the applicant on the basis of visual observation.

APPLICANT

_____ Male _____ Female

ETHNICITY: (select only one)

- ☐Hispanic or Latino
- ☐Not Hispanic or Latino

RACE (select one or more)

- ☐American Indian or Alaska Native
- ☐Asian
- ☐Black or African –American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

CO-APPLICANT

_____ Male _____ Female

ETHNICITY: (select only one)

- ☐Hispanic or Latino
- ☐Not Hispanic or Latino

RACE (select one or more)

- ☐American Indian or Alaska Native
- ☐Asian
- ☐Black or African –American
- ☐Native Hawaiian or Other Pacific Islander
- ☐White

I/WE CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND BY MY/OUR SIGNATURE (S) ON THIS APPLICATION

ACKNOWLEDGE MY/OUR UNDERSTANDING THAT ANY INTENTIONAL OR NEGLIGENT MISREPRESENTATION OF THE INFORMATION IN THIS APPLICATION MAY RESULT IN THIS APPLICATION BEGIN CANCELED.

FURTHERMORE, VERIFICATION OR REVERIFICATION OF ANY INFORMATION CONTAINED IN THIS APPLICATION MAY BE MADE BY THE VIHFA, ITS AGENTS, SUCCESSORS, AND ASSIGNS EITHER DIRECTLY OR THROUGH A CREDIT AGENCY.

SIGNATURE(S)

Applicant

Date

Co-Applicant

Date

For Office Use Only

Comments:_____
